

FOR OFFICE USE ONLY
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DEMOLITION / RENOVATION NOTIFICATION FORM



NOTE: CIRCLE ITEMS THAT ARE AMENDED
NOTIFICATION# _____

1) Abatement Contractor: _____ DSHS License Number: _____
 Address : _____ City: _____ State: _____ Zip: _____
 Office Phone Number: () _____ Job Site Phone Number:() _____
 Site Supervisor: _____ DSHS License Number: _____
 Site Supervisor: _____ DSHS License Number: _____
 Trained On-Site NESHAP Individual: _____ Certification Date: _____

Demolition Contractor: _____ Office Phone Number() _____
 Address: _____ City: _____ State: _____ Zip: _____

2) Project Consultant or Operator: _____ DSHS License Number: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Office Phone Number: () _____

3) Facility Owner: _____
 Attention: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Owner Phone Number() _____

****Note: The invoice for the notification fee will be sent to the owner of the building at the address listed in this section after the project is completed.**

4) Description or Facility Name: _____
 Physical Address: _____ County: _____ City: _____ Zip: _____
 Facility Phone Number() _____ Facility Contact Person: _____
 Description of Area/Room Number: _____
 Prior Use: _____ Future Use: _____
 Age of Building/Facility: _____ Size: _____ Number of Floors: _____ School (K - 12): ☐ YES ☐ NO

5) Type of Work (CHECK ONLY ONE): ☐ Demolition ☐ Renovation (Abatement) ☐ Annual Consolidated
 Work will be during: ☐ Day ☐ Evening ☐ Night ☐ Phased Project
 Description of work schedule: _____

6) Type of Building (CHECK ONLY ONE): ☐ Public Building ☐ Federal Facility ☐ Industrial Site ☐ NESHAP-Only Facility
 Is Building/Facility Occupied? ☐ YES ☐ NO

7) Notification Type (CHECK ONLY ONE):
☐ Original (10 Working Days) ☐ Amendment ☐ Cancellation ☐ Emergency ☐ Ordered (see item 15)
 If this is an amendment, which amendment number is this? ____ (Enclose copy of original and/or last amendment)
 If an emergency, who did you talk with at DSHS? _____ Emergency#: _____
 Date and Hour of Emergency (HH/MM/DD/YY): ____ / ____ / ____ / ____
 Description of the sudden, unexpected event and explanation of how the event caused unsafe conditions or would cause equipment damage (computers, machinery, etc) _____

8) Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder: _____

9) Was an Asbestos survey performed? ☐ YES ☐ NO Date: ____ / ____ / ____ DSHS Inspector License No: _____
 Analytical Method: ☐ PLM ☐ TEM ☐ Assumed DSHS Laboratory License No: _____
 (For T A H P A (public building) projects: an assumption must be made by a DSHS Licensed Inspector)

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: _____

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation: _____

12) ALL applicable items in the following table must be completed: **IF NO ASBESTOS PRESENT CHECK HERE** ☐

Asbestos-Containing Building Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be removed								
RACM NOT removed								
Interior Category I non-friable removed								
Exterior Category I non-friable removed								
Category I non-friable NOT removed								
Interior Category II non-friable removed								
Exterior Category II non-friable removed								
Category II non-friable NOT removed								
RACM Off-Facility Component								

13) Waste Transporter Name: _____ DSHS License Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone Number: () _____

14) Waste Disposal Site Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: () _____ TCEQ Permit Number: _____

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
 Name: _____ Registration No: _____
 Title: _____
 Date of order (MM/DD/YY) ____ / ____ / ____ Date order to begin (MM/DD/YY) ____ / ____ / ____

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: ____ / ____ / ____ Complete: ____ / ____ / ____

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: ____ / ____ / ____ Complete: ____ / ____ / ____

**** Note: If the start date on this notification can not be met, the DSHS Regional or Local Program office *Must* be contacted by phone prior to the start date. Failure to do so is a violation in accordance to TAHPA, Section 295.61.**

I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. I acknowledge that I am responsible for all aspects of the notification form, including, but not limiting, content and submission dates. The maximum penalty is \$10,000 per day per violation.

 (Signature of Building Owner/ Operator
 or Delegated Consultant/Contractor)

 (Printed Name)

 (Date)

 (Telephone)

 (Fax Number)

MAIL TO:

ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
 DEPARTMENT OF STATE HEALTH SERVICES
 PO BOX 143538
 AUSTIN, TX 78714-3538
 PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

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